

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527806

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		0				
102		0				
103		0				
104		0				
105		0				
106		0				
107		0				
108	1					
109		1				
110		1				
111		1				
112		1				
113		1				
114		1				
115		1				
116	1					
117						
118		2				
119		2				
120		2				
121		2				
122		2				
123		2				
124		2				
125		2				
126		2				
127		2				
128		2				
129		2				
130		0				
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	135	←		←		←
TOTAL CLAIMS	139					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179			1	1		
180						
181			1			
182						
183						
184						
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186						
187						
188						
189						
190						
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192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	46	←		←
TOTAL CLAIMS			53			

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						